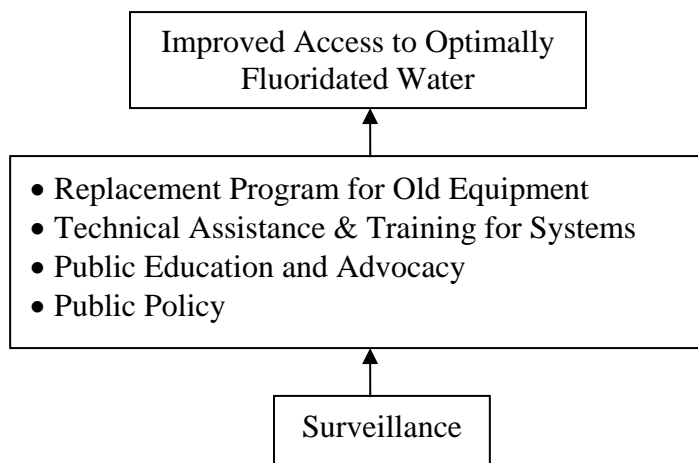


Fluoridated Water

Background – The Division of Oral Health and the Bureau of Water have formalized their relationship within DHEC. Key staff meet every other month to address their shared fluoridated water agenda. The technical objectives presented in this section reflect this collaboration. The organizational chart (see Appendix H) delineates how the two offices fall within the organization. It is important to note, however, that there is a strong collaborative spirit with mutual support for each offices.

A Coalition workgroup was formed at the December 2006 Quarterly Advisory Summit to address policy, advocacy, and public education of fluoridated water. The group will begin addressing these objectives in February 2007. It is anticipated that the workgroup will finalize the draft objectives in this section for the March 2007 Quarterly Advisory Summit.

Logic Model –



Objectives for Access

3.2.1 Increase to 75% of population on public water systems with access to fluoridated water.

South Carolina Baseline Not applicable

Healthy People Reference – 21-16 Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system. Baseline (1999): None 2010 Target: (total coverage)

21-9 Increase persons on public water receiving optimally fluoridated water. Baseline (1992): 62% 2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

Measurement Type - Impact

Data Collection Method – WFRS

3.2.2. The Bureau of Water and Oral Health Division will identify, through surveillance activities, specific populations using public water systems to target for fluoridated water enhancements by insert date.

South Carolina Baseline Not applicable

Healthy People Reference – 21-16 Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system. Baseline (1999): None 2010 Target: (total coverage)

21-9 Increase persons on public water receiving optimally fluoridated water. Baseline (1992): 62% 2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

Measurement Type - Process

Data Collection Method – WFRS

Objectives for New or Replacement Equipment

3.3.1. The Bureau of Water and Oral Health Division will increase the number of water systems with new and/or replacement fluoridation equipment by N% through the mini grants program by insert date.

South Carolina Baseline Not applicable

Healthy People Reference 21-9 Increase persons on public water receiving optimally fluoridated water. Baseline (1992): 62% 2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – Administrative database managed by DHEC

3.3.2. The Bureau of Water and Oral Health Division will identify the water systems that need new and/or replacement fluoridation equipment but have not applied to the mini grants program by insert date.

South Carolina Baseline Not applicable

Healthy People Reference 21-9 Increase persons on public water receiving optimally fluoridated water. Baseline (1992): 62% 2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – Administrative database managed by DHEC

3.3.3. The Bureau of Water and Oral Health Division will promote the mini grants program for new and/or replacement fluoride equipment to water systems in need by insert date.

South Carolina Baseline Not applicable

Healthy People Reference 21-9 Increase persons on public water receiving optimally fluoridated water. Baseline (1992): 62% 2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – Administrative database managed by DHEC

3.3.4. The Bureau of Water and Oral Health Division will have a formal acceptance, review, and award process for the mini grants program for new and/or replacement fluoridate equipment by insert date.

South Carolina Baseline Not applicable

Healthy People Reference 21-9 Increase persons on public water receiving optimally fluoridated water. Baseline (1992): 62% 2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – Administrative database managed by DHEC

3.3.5. The Bureau of Water and Oral Health Division will identify the water systems that have received new and/or replacement fluoridation equipment through funds other than the mini grants program by insert date.

South Carolina Baseline Not applicable

Healthy People Reference 21-9 Increase persons on public water receiving optimally fluoridated water. Baseline (1992): 62% 2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – Administrative database managed by DHEC

3.3.6. The Bureau of Water and Oral Health Division will identify new sources of funding to augment the mini grants program by insert date.

South Carolina Baseline Not applicable

Healthy People Reference 21-9 Increase persons on public water receiving optimally fluoridated water. Baseline (1992): 62% 2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – Administrative database managed by DHEC

Objectives for Technical Assistance and Training

3.4.1. Increase by N% the number of water system operators and providers who have received comprehensive CDC/EPA fluoridation-training, including optimal water fluoridation by insert date.

South Carolina Baseline Not applicable

Healthy People Reference 21-9 Increase persons on public water receiving optimally fluoridated water. Baseline (1992): 62% 2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Impact

Data Collection Method – WFRS, or other administrative database managed by DHEC

3.4.2. The Bureau of Water and Oral Health Division will have identified water system operators and providers who have not received CDC/EPA fluoridation training in the previous year by insert date.

South Carolina Baseline Not applicable

Healthy People Reference 21-9 Increase persons on public water receiving optimally fluoridated water. Baseline (1992): 62% 2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – Annual survey of operators will be administered by the Bureau of Water and Division of Oral Health

3.4.3. The Bureau of Water and Oral Health Division will have identified a schedule of planned CDC/EPA fluoridation training by insert date.

South Carolina Baseline Not applicable

Healthy People Reference 21-9 Increase persons on public water receiving optimally fluoridated water. Baseline (1992): 62% 2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – Evidence of training opportunities

3.4.4. The Bureau of Water and Oral Health Division will develop an inventory of fluoridation specialists or consultants in South Carolina by insert date.

South Carolina Baseline Not applicable

Healthy People Reference 21-9 Increase persons on public water receiving optimally fluoridated water. Baseline (1992): 62% 2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – Evidence of inventory

Objectives for Public Education and Advocacy

3.5.1. The Bureau of Water and Oral Health Division will improve the public's and policy makers' knowledge on the benefits of fluoridated water by insert date.

South Carolina Baseline Not applicable

Healthy People Reference 21-9 Increase persons on public water receiving optimally fluoridated water. Baseline (1992): 62% 2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – To be identified by Coalition

3.5.2. The Bureau of Water and Oral Health Division will identify a process for fluoridated water advocacy, including training locations and content, by insert date.

South Carolina Baseline Not applicable

Healthy People Reference 21-9 Increase persons on public water receiving optimally fluoridated water. Baseline (1992): 62% 2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – To be identified by Coalition

3.5.3. N communities will have improved knowledge on the benefits of fluoridated water system by insert date through education provided by the Oral Health Division and Bureau of Water.

South Carolina Baseline Not applicable

Healthy People Reference 21-9 Increase persons on public water receiving optimally fluoridated water. Baseline (1992): 62% 2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – To be identified by Coalition

Objectives for Public Policy

3.6.1. The Bureau of Water and Oral Health Division will formalize a process for working with advocacy groups aimed at developing legislative policies that support a state plan for fluoridation by insert date.

South Carolina Baseline Not applicable

Healthy People Reference 21-9 Increase persons on public water receiving optimally fluoridated water. Baseline (1992): 62% 2010 Target: (75%)

Original State Oral Health Plan Reference – Priority 2, Strategy 2.3 (See Appendix D)

Measurement Type - Process

Data Collection Method – To be identified by Coalition

Comments

The Coalition formed a workgroup for specifically addressing the public education, advocacy and public policy sections of the fluoridated water portion of the state oral health plan. The group met on February 12, 2007 to further develop these objectives. They recommend providing education on the health benefits of optimally fluoridated water to water system operators. It was learned from a recent survey that they are who communities call with questions about fluoridated water. Other recommendations include inviting other water system operators to be members of the Coalition, educating primary care physicians through residency programs on the health benefits of optimally fluoridated water, making the DHEC website easier to use for consumers seeking information about fluoridated water, and working with DHEC's spokesperson on developing a response to anti-fluoridation campaigns. They will present their recommendations at the March 2007 Quarterly Advisory Summit.